

L19 000 114 816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

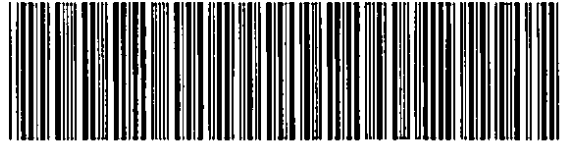
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500342149035

03/16/20 - 01008 - 02L \*\$25.00

2020 MAR 16 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

MAR 27 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROSALMED LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESUS LEON

\_\_\_\_\_  
Name of Person

SACONSA GROUP LLC

\_\_\_\_\_  
Firm/Company

3625 NW 82 Avenue Suite 100-K

\_\_\_\_\_  
Address

DORAL, FL 33166

\_\_\_\_\_  
City/State and Zip Code

JESUSLEONTERAN@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESUS LEON

787 7572436  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## PROSALMED LLC

The Articles of Organization for this Limited Liability Company were filed on 04/26/2019 and assigned Florida document number L19000114816

**A. If amending name, enter the new name of the limited liability company here:**

**Enter new principal offices address, if applicable:**

***(Principal office address MUST BE A STREET ADDRESS)***

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new**  
**registered agent and/or the new registered office address here:**

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

## Florida

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	GUERRERO, JUAN P	1124 NW 107th Terrace (Ter)	<input type="checkbox"/> Add
		Plantation, FL 33322, USA	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	GUERRERO, PEDRO L	14721 Glade Hill Park Way	<input type="checkbox"/> Add
		Winter Garden,	<input type="checkbox"/> Remove
		FL 34787-3266, USA	<input checked="" type="checkbox"/> Change
MBR	RIERA, SALOME	1806 Meadowood Lane	<input type="checkbox"/> Add
		Charlotte, NC 28211	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 MAR 16 PM 2:43  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

SECRETARY OF STATE  
EMBASSY, LONDON

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2020 MAR 16 PM 2:43

1  
2  
3  
4  
5

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH, 06 2020

Salomé B. de Sauer

Signature of a member or authorized representative of a member

SALOME RIERA

Typed or printed name of signee